



CITY OF HOUSTON

Administration & Regulatory Affairs

REQUEST FOR DUPLICATE W-2 FORM

To: PAYROLL SERVICES

Date: _____

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I am requesting a duplicate W-2 form for calendar year _____

(Please TYPE or PRINT)

NAME: _____

EMPLOYEE ID NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

DEPARTMENT NAME & NUMBER: _____

☐ I want my duplicate W-2 form mailed to me. My current mailing address is:

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

☐ I want to pick up my duplicate W-2 form at my department payroll office.

EMPLOYEE SIGNATURE: _____

MAIL this form to: City of Houston OR **FAX** it to: 713.837.9540
Payroll Services
611 Walker, 13th Floor
Houston, TX 77002

To check on the status of your request, call 832.393.8900

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NOTE: Requests received at Payroll Services Central Payroll Division, after 12:00pm on Wednesday, will be processed the next week.

